

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020072  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 213

VS 300  
Rev. 4/59

10945

20940

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9334X

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1286-2

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 29 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u> (Mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington</u>	Length of stay in 1b <u>1 Wk.</u>	c. CITY OR TOWN <u>Esther</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunset Ret. Home</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>600 Lincoln St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>PETER</u> Middle <u>BASAL</u> Last <u>BARTON</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/19/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Grocery Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>Tally M. Barton</u>		11b. MOTHER'S MAIDEN NAME <u>Catherine Mills</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u></u>	
13a. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u> DUE TO (c) <u></u>		13b. NAME OF HUSBAND OR WIFE <u>Rose Marie Barton</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> s.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Farmington, Mo.</u> COUNTY <u>St. Francois</u> STATE <u>Mo.</u>		
21. I attended the deceased from <u>May 13, 1962</u> to <u>May 16, 1962</u> and last saw her alive on <u>May 17, 1962</u> Death occurred at <u>6:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. Stanfield</u>		22b. ADDRESS <u>Farmington, Mo.</u>	
22c. DATE SIGNED <u>5/19/62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Three Rivers Cemetery</u>	
22e. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22f. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>	
23. DATE <u>5/20/1962</u>		23a. FUNERAL DIRECTOR ADDRESS <u>Murphy L. Sparks Flat River, Mo.</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Three Rivers Cemetery</u>		23c. DATE RECD. BY LOCAL REG. <u>May 19, 1962</u>	
23d. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		23e. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 4 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Murphy L. Spence

Licensed Embalmer No. 4236

P. O. Address Albany, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.